

MIKE BEEBE

ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
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LITTLE ROCK, AR 72201-2610 (501) 682-6150

CHARITABLE ORGANIZATION APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, Arkansas law requires a charitable organization soliciting or intending to solicit contributions in excess of \$25,000 a year, *or* having paid officers or staff, using a paid solicitor or fund-raising counsel, to file an application for registration.

IN	STRUCTIONS:										
	☐ A. Complete each section on this application for registration.										
	 □ B. Attach copy of IRS determination letter of tax-exempt status. □ C. Attach a copy of any contracts (<u>even if previously submitted</u>) with: □ Commercial co-venturers □ Paid solicitors □ Fund-raising counsel 										
 □ D. Attach a copy of most recent: □ IRS Form 990, or □ IRS Form 990 EZ and the Arkansas Attachment to IRS Form 990, or □ Annual Report of Charitable Organization 											
☐ E. Attach an executed copy of an Irrevocable Consent for Service.											
	F. File with: Office of the Attorney General - Consumer Protection Division ATTN: Fund-Raiser Registration 323 Center Street, Suite 200 Little Rock, Arkansas 72201-2610										
		☐ Initial Registration	□ Ren	ewal/Update							
1.	NAME OF C	HARITABLE ORGANIZATION									
2.	PHYSICAL A	ADDRESS	CITY	STATE	ZIP CODE						
	MAILING AI	DDRESS	CITY	STATE	ZIP CODE						
3.			() -							

TELEPHONE NUMBER

DESIGNATED CONTACT PERSON

Individual and/or officer who will have custody and responsibility for distribution of contributions:						
NAME (
NAME		TELEPHONE NUMBER				
ADDRESS		CITY	STATE ZIP CODE			
Period of time promotion	n is to be conducted: Begin	_//	End/			
Please check one or more methods of solicitation the organization anticipates using:						
☐ Telephone appeals	☐ Sale of goods or services	☐ Combine	ed appeals			
☐ Grant writing	☐ Special events	☐ Auctions	3			
☐ Direct mail	☐ Door-to-door solicitations	Other				
☐ Paid solicitor	aid solicitor(s)? If so, please characteristics Voluntary unpaid solicitors	Both	iate description:			
☐ Paid solicitor If you are utilizing a paid A. Name(s) of paid soli	☐ Voluntary unpaid solicitors d solicitor(s), provide the following	Both information: B. Complete	iate description: e address(es) and telephone number(s)			
☐ Paid solicitor If you are utilizing a paid A. Name(s) of paid soli	☐ Voluntary unpaid solicitors d solicitor(s), provide the following citor(s)	☐ Both information:	e address(es) and telephone number(s)			
Paid solicitor If you are utilizing a paid A. Name(s) of paid solicitor If you are utilizing fundamental fundame	Voluntary unpaid solicitors d solicitor(s), provide the following citor(s) -raising counsel(ors), provide the following citor(s)	Both information: B. Complete	e address(es) and telephone number(s) ation: e address(es) and telephone number(s)			
Paid solicitor If you are utilizing a paid A. Name(s) of paid solicitor If you are utilizing fund- A. Name(s) of fund-rais	□ Voluntary unpaid solicitors d solicitor(s), provide the following citor(s) -raising counsel(ors), provide the fo	Both information: B. Complete dillowing information: B. Complete	e address(es) and telephone number(s) ation: e address(es) and telephone number(s)			

13.	Please list any other names by using:			pecial promotional names you will be)е -				
14.	How is this registrant organized (corporation, association, etc.)?								
15.	In what state is the registrant incorporated and/or organized?								
	I swear and/or affirm, under p	enalty of law, that the	e foregoing representations are	true and accurate.					
Date S	Signed		Name of Charitable Organi	zation	_				
	8 6 11	BY:							
		D1.	Signature	Title	-				
			Printed Signature		_				
		<u>N</u>	<u>OTARY</u>						
STAT	TE OF)) SS.							
COU	NTY OF) 33.							
	Subscribed and sworn to, be , 200_		Public in, and for, said Cou	nty and State, this day	of				
My C	Commission Expires:								
-	-	Cianat	ure of Notary Public						
	//	Signat	ute of motary rubiic						
Coun	ty of Residence	Printed	d Signature						